

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self ((Without an Attorney) OR Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Case Number: _____

In the Matter of:

**APPLICATION FOR CHANGE OF
NAME FOR AN ADULT**

Name of Applicant

STATEMENTS TO THE COURT, UNDER OATH

1. INFORMATION ABOUT ME, THE APPLICANT

Name: _____
Address: _____
Date of Birth: _____
County of Residence: _____
Place of Birth: _____

2. I ask that my new name be changed to: _____

3. REASON FOR THIS REQUEST FOR CHANGE OF NAME

I request that the name be changed as listed above for the following reason(s):

4. ADDITIONAL STATEMENTS

- A.** Has the applicant listed above been convicted of a felony? ☐ Yes ☐ No
B. This application is made solely for the best interest of the person named above. It will not release the person from any obligations incurred or harm any rights of property or action in any original name.

OATH AND VERIFICATION OF APPLICANT:

STATE OF ARIZONA)
County of Maricopa) ss.

I, the Applicant, being duly sworn and under oath, state that I have read this Application. All the statements in the Application are true, correct, and complete to the best of my knowledge and belief.

SIGNED: _____
Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, _____, by

Applicant's Name

NOTARY PUBLIC: _____

My Commission Expires: